

Topic 09 – Prevention/Epidemiology/ Nutrition

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Prevalence of abdominal aortic aneurysm in patients with acute coronary syndrome and proven coronary stenosis: a prospective monocenter study

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Background: Common risk factors for coronary heart disease (CHD) and abdominal aortic aneurysm (AAA) are mainly male gender, past or current smoking and older age. But little is known about AAA prevalence in this well-defined population. The aim of this prospective study was to evaluate the prevalence of AAA in patients presenting with an acute coronary syndrome and coronary stenosis $\geq 50\%$ at coronarography.

Material and methods: Between February 2008 and March 2009, 306 patients hospitalized for an acute coronary syndrome (unstable angina, Q-wave myocardial infarction or non Q-wave myocardial infarction) gave informed consent for AAA ultrasound (US) screening. Maximal anteroposterior longitudinal and transverse diameter were measured. AAA was considered if at least one diameter was equal or exceeded 30 mm. Risk factors for cardio-vascular disease and coronary status were prospectively collected. Characteristics of patients with or without AAA were compared using Khi2 or Fisher test as appropriate if variables were qualitative and using Wilcoxon test if variables were continuous.

Results: Among 304 patients with reliable US (feasibility 99.4%), prevalence of AAA was 6.6% (20/304). Prevalence tended to increase in patients older than 50 years ($p = 0.09$). No AAA was detected in patients less than 50 years. Prevalence reached 7.7 % (20/260) in patients > 50 years, 7.4 % (13/176) in patients > 60 years and 9.6 % (11/114) in patients > 70 years. Previous coronary events were more frequent in patients with AAA ($p = 0.02$). In men older than 50 years, current or past smokers with previous coronary events, prevalence raised to 13% (8/63).

Conclusion: Prevalence of AAA in patients with acute coronary syndrome and coronary stenosis $\geq 50\%$ was 6.6% in this study ; furthermore, screening seemed particularly interesting in men aged more than 50 years, smoker with personal history of coronary disease, because of a prevalence more than 10%.

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Prevalence of peripheral Arterial disease in subjects with a moderate CVD risk, with No overt vascular Diseases nOR diAbetes mellitus-Results of the PANDORA study in France

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Background: Symptomatic or asymptomatic peripheral artery disease (PAD) is a strong marker of cardiovascular events and Death. The prevalence of PAD is well documented in a high-risk subset, but less information is available in patients with moderate or intermediate CV risk.

Objective: To assess the prevalence of asymptomatic PAD defined as an ABI ≤ 0.9 in subjects with moderate cardiovascular (CV) risk.

Methods: PANDORA is a multicentre, international, cross-sectional observational study performed in primary care. ABI measurement was performed in

subjects with > 2 CV risk factors (RF) with no overt vascular disease nor diabetes mellitus.

Results: Among 10287 subjects in Europe, 1011 were included in France. The mean age is 65 yrs (males 55%). ABI ≤ 0.9 was found in 12.2% (95%CI [10.1;14.2]). Mean LDL-cholesterol was 1.29 g/L. Results for RF association (Logistic regression) are shown in table 1.

Table.

	Chi ² p-value	OR	95% CI
Age	0.705	1.004	0.982-1.027
Gender (male vs female)	0.982	1.006	0.600-1.686
BMI	0.325	0.972	0.916-1.029
Family history of premature CHD (yes vs no)	0.744	1.133	0.534-2.405
HDL-C (low vs not low)	0.898	1.039	0.577-1.872
LDL-C (High vs not high)	0.427	0.847	0.562-1.276
Sitting BP (hypertension vs normal BP)	0.071	1.598	0.961-2.657
Smoking status (Habitual smoker vs non-smoker)	0.012	2.017	1.166-3.489
Physical activity (inactive vs active)	0.0003	2.144	1.414-3.250
Alcohol (high intake vs no intake)	0.845	0.927	0.433-1.984
Statin treatment (Treated vs Untreated)	0.101	0.601	0.329-1.104

Conclusion: In the Pandora study, the prevalence of asymptomatic PAD among subjects with moderate CV risk in France is 12.2%, strongly related to smoking and low physical activity. In patients with moderate CV risk, detection of asymptomatic PAD and management of modifiable RF such as smoking and physical activity could improve the overall CV risk. PANDORA Study was sponsored by AstraZeneca.

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Ten-year risk of cancer mortality according to lipid levels and use of lipid-lowering drugs in the French general population

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Purpose: The beneficial effect of lipid-lowering drugs on cardiovascular mortality is well established, but long term safety data remain scarce. The aim of this study was to assess 10-year risk of cancer mortality according to blood lipid levels and lipid-lowering drug exposure, in the French general population.

Methods: Our analysis was based on the Third French MONICA Cross-sectional survey on cardiovascular risk factors (1995-1996). Participants aged 35-64 years were randomly recruited from French polling lists. Subjects with a history of cancer at baseline were excluded from the analysis. Vital status and cause of mortality were obtained 10 years after inclusion.

Results: There were 3262 participants and 177 deaths were recorded (78 due to cancer). The sample was mainly composed of subjects in primary cardiovascular prevention (96%) and comprised 64% of normolipidemic, 25% of untreated dyslipidemic (total cholesterol ≥ 6.5 mmol/L or triglycerides ≥ 3.5 mmol/L) and 11% of dyslipidemic subjects treated with a lipid-lowering drug (4% statin, 6% fibrate). After adjustment for centre, age, smoking, gamma-